



STATE OF WASHINGTON  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200  
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

**ESCROW OFFICER LICENSING EXAMINATION SCHEDULE**

| Exam Date          | Day       | Time           | Register By        |
|--------------------|-----------|----------------|--------------------|
| August 23, 2006    | Wednesday | 9:00 am – Noon | August 11, 2006    |
| September 11, 2006 | Monday    | 9:00 am – Noon | August 31, 2006    |
| September 20, 2006 | Wednesday | 9:00 am – Noon | September 6, 2006  |
| October 4, 2006    | Wednesday | 9:00 am – Noon | September 18, 2006 |
| October 18, 2006   | Wednesday | 9:00 am – Noon | October 4, 2006    |

**Please use one page per person to register for the examination:**

- 1) Circle the desired date above and **complete** (TYPE) the information below.
- 2) Enclose a check for \$159.26 payable to the "Washington State Treasurer."  
Note: examination fee is non-refundable, per WAC 208-680B-030(1).
- 3) Mail check and this form to the Division of Consumer Services as per letterhead above.  
DFI/CS must receive your check and registration on or before the registration deadline date.
- 4) Approximately four days before the exam, you will receive a confirmation (by fax or e-mail if possible) that will include instructions and driving directions to the testing site in Olympia.
- 5) Seating is limited. Confirmation will be made on a first come, first served basis.
- 6) DFI does not provide study material. See Letter from Commissioners for suggested reading.
- 7) Additional information is available from our website or e-mail questions to [DCS@dfi.wa.gov](mailto:DCS@dfi.wa.gov).

Candidate Name: \_\_\_\_\_  
First Middle Initial Last

Date of Birth: \_\_\_\_\_ Home phone: \_\_\_\_\_  
must be 18 years or older

Residence Address: \_\_\_\_\_  
Street City State Zip

Photo ID: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Issuer Number

Business phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

☐ I would like to schedule an appointment for a pre-filing conference to discuss my application.

If special assistance or accommodations are required due to disability, please indicate need:

\_\_\_\_\_